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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	Appl. No. 10/729,083
	Filing Date	December 4, 2003
	First Named Inventor	Woo Seong YOON
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 02292

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 02292

OR

<input type="checkbox"/> Firm or Individual Name	
--------------------------------------------------	--

Address

City

Country

Telephone

State

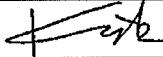
Zip

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Young-kuk Kim		
Date	Nov. 21, 2003	Telephone	+82-2-526-4477

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.